

**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
RHODE ISLAND DEPARTMENT OF LABOR AND TRAINING
DIVISION OF LABOR STANDARDS
1511 PONTIAC AVE. P.O. BOX 20390, CRANSTON, RI 02920
FAX NUMBER (401) 462-8530**

NON—PAYMENT OF WAGES COMPLAINT FORM

Employee information:

Name: _____ **Soc. Sec.#** _____

Address: _____

City: _____ **State:** _____ **Zip** _____

Date of birth: _____ **Work phone:** _____ - _____ - _____ **Home:** _____ - _____ - _____

What type of work did you perform? _____

EMPLOYER INFORMATION: (complaint will not be accepted unless this section is completed)

Company name: _____ **Phone:** _____ - _____ - _____

Address _____

City: _____ **State:** _____ **Zip:** _____

President/Owner Name _____ **Title;** _____

Local Manager Name: _____

Place work was performed if different from above: _____

Date of hire _____ **Last day worked** _____

Were you discharged _____ **or did you leave** _____

BEFORE THIS OFFICE MAY INVESTIGATE YOUR CLAIM, YOU MUST GO IN PERSON AND DEMAND YOUR WAGES. HAVE YOU BEEN IN PERSON TO DEMAND YOUR WAGES? _____

When? _____

With whom did you speak? _____ **Title:** _____

Reason for non-payment _____

Rate of Pay:\$ _____ **per hour/week** _____ **Unpaid wages:** _____

What dates did you work for the money which you claim you are owed:

From _____ / _____ / _____ **to** _____ / _____ / _____ **Total amount owed:\$** _____

PLEASE PRINT CLAIM FORM, SIGN AND FORWARD TO THE ADDRESS (AT) TOP OF FORM